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### CHRONIC NEPHRITIS AND LACTOSE.

ADDRESS OF J. D. RYERSON, M. D.,  
PRESIDENT NEW JERSEY STATE  
MEDICAL SOCIETY, JUNE 26, '94.

Of the different organs of the body that are occupying the attention of physicians, perhaps the kidney is foremost.

The brain, the lungs, liver, heart, stomach and intestines long ago engaged the attention of the ablest men in the profession, to the comparative neglect of the kidney.

But for many years an interest in the kidney has been growing, until, at the present time, there is no other organ that has more ability engaged in its study.

That the interest of the profession in this organ will continue for years to come there is little room for doubt.

That it should occupy increased attention is not without reason, for it is comparatively recent that it has been noticed that disease of the kidney is of more frequent occurrence than has been supposed.

A moment's reflection would tend to strengthen this fact, for we know that, for the most part, all violations of physiological law have to be remedied by the kidney. Impaired action of stomach, liver, intestines, heart or lungs; faulty assimilation; overtaxed nervous system; all look to the kidney when in distress.

The promptness and efficiency with which the kidney responds to each call is remarkable. But after countless violations of physiological law, on the part of other organs, it is to be expected that finally the kidney would rebel and refuse longer to endure the abuse of other organs.

That the kidney after long suffering retaliates on other organs, with almost vindictive effect, is now being revealed

to the profession. The stomach, liver, intestines, lungs, heart and brain are all made to feel the weight of retributive justice.

It is probable that disease of the kidney is not of more frequent occurrence now than before, but disease of other organs, that was supposed to be of primary origin, is now believed to be secondary to the kidney.

In several forms of heart disease it was for a long time a question whether the heart trouble preceded disease of the kidneys, or disease of the kidney preceded disease of the heart. It is now settled that disease of the heart is secondary to disease of the kidney.

In such disease as cirrhosis, apoplexy, pleurisy, emphysema, bronchitis and pneumonia, although they may occur independently, yet in a great many instances they follow disease of the kidney. The two forms of chronic nephritis are designated by writers, each by several names.

But simply for convenience that form the result of the acute, we will call chronic Bright's disease, and that form often called interstitial nephritis we will call cirrhotic kidney disease.

The pathology of the former has to do mainly with glomeruli, while the pathology of cirrhotic kidney affects mainly the tubes and tubuli.

In making this statement on the location of the pathology in the different forms of kidney affection I feel that I am stating arbitrarily a point that is still in doubt among some pathologists.

The main difficulty in locating the pathology during life arises from the fact that, whenever the disease may originate in the glomeruli, in the tubuli or in the stroma, as the disease progresses the tubuli and stroma may become affected.

And so again, should the tubuli and stroma be first diseased under physiol-

ogical and pathological law, the glomeruli may also be affected.

In cases of autopsies in which the disease is recognized almost all are cases in which the disease has passed through its different stages and presents the almost uniform appearances that are so fully described by different authors. That is disease of both the glomeruli and tubuli.

While the pathology of the advanced stage is rendered so clear by autopsy, it is to be regretted that the doubts of the primary stage of these diseases cannot be removed by the same means.

The difficulties on this point will be readily seen when it is remembered that it is only by an autopsy from accidental death, where the previous history is known, that doubts can be made clear.

Not having the time to explain, I hope I will be pardoned for assuming that primarily there are two distinct diseases: First, of the glomeruli, in which the tubuli may become secondary. This may be called chronic Bright's disease. Second, disease of the stroma and tubuli, in which the glomeruli may become involved.

This last is mainly the pathology of cirrhotic kidney disease. The main points of difference in the symptoms are that in chronic Bright's disease the water excreted from the blood in the glomeruli is diminished in quantity and contains albumen and casts. And the main rational symptoms are cachexia and dropsy.

In the cirrhosed kidney there is increased quantity of urine, few casts, little or no albumen.

Cachexia and dropsy generally absent. But one characteristic is a large number of nervous symptoms. Of the few points we may notice we will give the cirrhotic disease the most attention.

One marked feature of the disease is its frequency.

Chronic Bright's disease and other forms of kidney disease do not appear to occur with more frequency than formerly, but cirrhotic disease of the kidney would seem to be of more frequent occurrence than all others combined.

The teachings of Dr. Bright and others, that cirrhosis of the kidney was the third stage of the acute form and that it should be associated with edema and albumen, has taken such a hold on the profession that medical men have

been slow, as a rule, to realize that there is another disease of the cortex of the kidney, and this this form is entirely distinct from chronic Bright's disease.

The profession generally does not realize fully the frequency of interstitial or cirrhotic kidney disease, nor its distinct pathology.

Its well-marked symptoms.

Its better prognosis under judicious treatment.

In a fair amount of general practice done by myself in a little more than two years I have met with 33 cases of chronic nephritis, 29 of which I have diagnosed as the cirrhotic form of the disease of the kidney. This positively large number of cases, and relatively large number of cirrhotic cases, can scarcely be explained, except by supposed frequency of cirrhotic disease of the kidney.

The more recent authorities admit its frequent occurrence. This point may in a measure be realized when it is known how large a number of deaths are ascribed to disease of the other organs, when, in fact, the kidney is the primary cause.

Of 100 cases of kidney disease reported by Mahomed, 17 died of heart disease, 15 died of apoplexy, 18 died of lung disease, 11 died of severe bronchitis and emphysema, 7 died of pleurisy and pneumonia.

In that number of cases the kidney, without doubt, was the primary cause.

Yet in sixty-eight per cent. the immediate cause of death was due to other organs, and in only thirty-two per cent. was the primary and secondary cause in the kidney itself.

Just how and by what agency the different organs become affected from the kidney we will not stop to consider further than to state that the weight of medical authority is, that a poison or an excess of one or more of the normal excretions of the kidneys being present in the blood, increased action on the part of the kidneys is demanded for its elimination. This increased action demands increased force in the circulation. The coats of the arteries become affected in the kidney first, afterwards elsewhere in the body.

Hence the heart, liver, retina, brain and lungs may become involved.

The prognosis in both forms of chronic nephritis is grave, but in that which al-

bumen and dropsy is the more rapid.

In the cirrhotic form the progress is slow—often arrested for a time. It may continue many years and terminate with some intercurrent disease.

While the symptoms of chronic cirrhosis are many and varied and in nearly every case can be recognized early, yet in by far the majority of cases, the disease will come to our notice through sources remote from the kidney itself.

Pneumonia, bronchitis, emphysema or pleurisy may first come to our notice. The heart may demand attention. The stomach and intestines may be affected.

Apoplexy, affections of the spine, disturbances of hearing and of vision. Some one of all these may be the first to direct attention to the kidneys.

Without considering the large number of symptoms, I would only say that an increase in the quantity of urine with low specific gravity, pain in the head, loss of flesh and strength without apparent cause, are symptoms that should direct attention to the kidney.

If there should be frequent headaches, palpitation and dyspnea, general dullness, disturbance of vision, the diagnosis should be clear.

In the treatment of cirrhotic kidney the most dependence has been placed on the correction of injurious habits of living, the avoidance of all habits tending to bring on a recurrence of the disease.

Dyspeptic symptoms should be corrected by proper diet—a milk diet—skimmed milk and buttermilk has been recommended. All authorities agree that it is very important that the patient should select a warm climate in which to live. Small and prolonged doses of mercury are recommended.

In certain disturbed conditions of the circulation iodide of potassium and opium are valuable.

If the disease is recognized early, with judicious management the patient may hope to live many years and in a few cases apparently recover.

I have glanced thus rapidly at a few things in chronic nephritis in order to speak of a treatment that I have practiced during the last two years.

The first case treated was a well-known gentleman, aged seventy-four, of rather extensive and diligent business habits.

About December 15, '91, he began to suffer from dyspnea, insomnia, pain in

the head, emaciation, diarrhea at times, pulse irregular and feeble, heart apparently enlarged, urine scanty, dark colored, slightly albuminous, complexion dusky, slight edema and emphysema present. For a considerable time during his illness a part of his diet had been eight ounces of milk a day. The symptoms continued to increase in severity until February 12, '92. They were then of a grave character, pulse rapid and feeble, dyspnea urgent. Only eight ounces of urine excreted in forty-eight hours. Intellect dull. Clear symptoms of coma impending. I believed that death would follow within three days. There had been frequent consultations, and the treatment had been varied. At six P. M. three doses each, containing cocaine, grain 1-6; lactose, 40 grains, were ordered at six P. M., 12 midnight and six A. M. When visited the following morning, the improvement was surprising. The patient was bright and cheerful, had passed the most comfortable night for months, and said he was better after the second dose. The improvement continued and the recovery was rapid and nearly complete. Was in fair health for nearly nine months. The symptoms returned, was only slightly benefited by repetition of lactose, and died in three months.

The lactose was prescribed not only as a vehicle for the cocaine, but also under a recollection of the benefit I had observed from the use of skimmed milk in other cases of kidney disease. I then believed that the active agent in these cases was the lactose in the milk.

After using the treatment most successfully in a few cases cocaine was omitted, and it was found that the effective principle was in the lactose alone.

The following case is perhaps a typical one, both as regard the character and results of the lactose treatment:

N. B., aged 42, a gentleman of considerable business interests, rather slender build, had suffered for nearly a year with pain in the head, with intervals of relief. Had also dyspeptic troubles with diarrhea at times. Also insomnia, restlessness, dyspnea, with or without exertion. Urine increased in quantity at times. No albumen.

The symptoms gradually increased in severity until in April, '93. His countenance was drawn. There was some emaciation and severe cephalgic pain.

After six days of ordinary treatment with no improvement lactose was pre-

scribed in gr. xx. doses four times daily. Saw him three days after; there was marked change of countenance and relief was complete. Said he was better after the third dose. Six months after had an attack of la grippe. Soon after he had to endure severe and protracted mental strain. Had some pain in the head following for a time, but has not been sick enough up to the present time to need medical advice.

The following case illustrates the remarkable effects of lactose with heart complications and cirrhosis of the liver.

C. M., aged 55, merchant, came under my care in March, '93. Had suffered several years with dyspnea. A year before the dropsy had been marked, but was relieved except the abdominal by hydrogogue cathartics. I found him with almost extreme abdominal and general dropsy, insomnia, marked dyspnea, restlessness, urine scanty, no albumen and a very slow pulse, below thirty. One medical gentleman found it twenty-six. It seemed it must soon stop altogether.

He took diureties and diuretin steadily for nine days. No improvement. Prescribed lactose, 40 grs. every six hours; found him in the morning after third dose decidedly improved. Had the best night in two months, was bright and cheerful. Treatment continued. General dropsy disappeared most rapidly. Urine not increased in quantity beyond natural, abdominal dropsy remained. Had cirrhosis of the liver. He lived with some comfort for eight months and attended to his business. He passed out of my hands. Paracentesis was performed and he died in twelve hours.

Since the first case mentioned I have treated thirty cases in my own practice, in which I feel confident of diagnosis. Only three cases I regarded as chronic nephritis with exudation.

The remaining thirty cases I regard as cirrhosis of the kidney or interstitial nephritis. Of this number there was noticed:

Emaciation in.....	22
Insomnia in.....	28
Dyspnea in.....	24
Pain in head.....	27
Emphysema.....	11
Heart complications.....	13
Urine examined for albumen.....	22
Albumen found in.....	8
Average age.....	53
Women.....	20
Men.....	13

Of this number six have died of:

Apoplexy.....	3
Exhaustion.....	2
Coma.....	1

Symptoms have returned in seven cases with more or less severity.

Fourteen cases had been treated by other physicians.

In eleven cases the disease had been recognized before coming into my hands. Nine cases were seen by several medical gentlemen, diagnosis confirmed and treatment noted.

(To be continued next number.)

## BERIBERI, WITH REPORT OF CASES.\*

BY J. M. ANDERS, M. D., PH. D., PHILADELPHIA, PA.

Beriberi has many synonyms—as kakke in Japan, Ceylon disease, asthmatic dropsy, "weak legs," etc. The disease was, it is authoritatively stated, well described by Chinese writers as early as the thirteenth century. It remained, however, for the Anglo-Indian physicians of Ceylon and the coast of Malabar to suggest the specific character of the disease. It was for a long period of time believed to be endemic only, with quite limited geographical distribution in Japan. We find that, prior to the last quarter of a century, the bibliography of the disease was rather scanty, but since the beginning of that period it has received important additions.

Among the more recent results from investigations into the subject two facts, which deserve especial mention, are furnished by the literature: (a) that beriberi has, as shown by the writings of Tarissau (1) (Duane B. Simmons (2), and others, a permanent habitat in widely-separated regions of country. For example: it occurs endemically in China, Japan, the East and West Indies, parts of South America, and "all the islands and shores of Eastern Asia and Africa from Japan to the Cape of Good Hope." And, when the conditions are favorable, epidemic outbreaks, which may extend far beyond the confines of its endemic territorial distribution, occur from time to time. (b) The announcement by Scheube and Baelz that, as the result of their clinical studies, the disease can be shown to be a primary peripheral neuritis.

In this connection the few historical facts pertaining to the limited outbreak of the disease on a steamer bound for the port of Philadelphia from Java are pertinent. On November 9, 1893, Dr. Boenning, the Port Physician at Philadelphia, was notified that a sailor had fallen ill on board the steamer Lanark, lying at one of the wharves. Upon visiting the vessel he found, among her crew,

\*Read before the Pennsylvania State Medical Society in Philadelphia, May 16, 1894.

(1) Beriberi in Brazil.

(2) Article on "Beriberi," Pepper's System, vol. 1, page 1038.

a large number of Hindoos, or Lascars, six of whom were suffering from beriberi. The steamer had come from Java, and the disease appeared soon after the Lanark had left this latter port, two of the instances proving fatal before reaching Perin. The Lanark passed along the Indian Ocean, then up the Red Sea, through the Suez Canal, then down the Mediterranean. At Port Said some Lascars were taken on board, and a couple of these were subsequently prostrated by the disease. This outbreak of beriberi furnished fourteen cases, of which number six proved fatal. Concerning the circumstances under which they arose and the sanitary condition of the steamer more will be said presently. This article also contains a clinical study of some of the cases.

**Etiology.**—The disease is, according to the consensus of recent professional opinion, of microbial origin, though it is more than doubtful if the specific organism causing it has been isolated. If the assumption that it is an infective disease be correct, then all supposed etiological factors, other than the specific virus itself, merely operate to heighten individual receptivity to the pathogenetic micro-organism.

Ashmead\* contends that carbon gases, which result from fermentation of sugar, probably constitute the most potent causal element. This view is based on data gained from the log book of the bark H. H. Cann, whose crew were prostrated by beriberi in the tropics, two of them dying of the disease; from Messrs. Edward Hincken and Son and other sources he also had an opportunity to inspect the vessel after entering the port of New York. This position receives no support from the attending circumstances in the present series of cases. In the first place, the Lanark was a fine, large vessel; well appointed and officered; tight, and in good sanitary condition. In the next place, although she had loaded 5000 tons of coarse sugar, carbonic compounds were not detectable in the various bunks and compartments. The ventilation was excellent. There was not more than the average degree of sweating in the hold from the heat generated in that part of the ship by the fermentation of sugar. It is to be pointed out that the Icory process, which consists in the use of

bisulphite of lime to temper the sugar and prevent its fermentation, was employed. Again, the quarters of the crew were entirely in advance of the forward hold of the vessel. The ship at no time was becalmed, nor was she stationary for any great period; but, being a steamship, was constantly moving forward. Hence, any gases generated would, for physical reasons, have been carried aft; but those who layed aft entirely escaped the disease. Other observers attribute the complaint to the use of salted meats, particularly tainted meats. To show the fallacy of this opinion it is only necessary to point out that those most peculiarly predisposed to the disease—as, for instance, the Lascars—will not use salted meats; they do their own killing and prepare their own meats, all fresh, in obedience to the Koran. The use of carbonaceous food in excess causes beriberi, according to Dr. Takaki. He claims to have eradicated the disease from the Japanese navy by removing rice from the diet of the men, but, in view of the simultaneous adoption of other sanitary improvements, it is impossible to estimate accurately the influence of diet and other individual factors; on the other hand, in South America the natives eat no rice and yet suffer from the affection. In a few recorded cases the *anchylostomum duodenale* was found; and it has been supposed, by certain authors, that these parasites sustain a certain causal relation to the disease—with little reason, I think.

The disease is often associated with malaria in the same individual, the latter disease doubtless predisposing to beriberi. At all events, the results of a careful blood examination made by Dr. H. S. Anders in four cases of beriberi—three at the Quarantine Station (see report infra) and one at the Medico-Chirurgical Hospital (reported below)—showed plasmodium *malariae* in three, or in 75 per cent. Long before such facts as these came to light it had been observed that beriberi quite constantly prevailed in malarious regions of the country. More extended blood examinations, in cases of beriberi, than have been made in the past will alone show whether there be any necessary etiological connection between it and malaria.

Exhaustion of the muscles and the nervous system and excessive heat and

\*"Contribution to the Etiology of Beriberi," University Medical Magazine, December, 1892.

moisture are conditions which doubtless act as predisposing causes.

On careful inquiry it will be found that the first cases to appear, in any given outbreak, occur in localities where the disease is endemic—i. e., tropical climes, where the pathogenic organism has found a permanent abode. As to the duration of the period of infection we possess no positive knowledge as yet.

The theory that the complaint is an infective one is strongly corroborated by some of the circumstances connected with the recent limited outbreak before referred to. The disease appeared soon after the Lanark left the port at Java, and two instances proved fatal. Hence the first subjects that developed beriberi became infected before they went aboard the vessel.

At Port Said some Lascars, who at the time enjoyed good health, were taken on board, and several of them were subsequently prostrated by beriberi. Now, the explanation of the occurrence of the cases among the Lascars is to be found in two facts, namely, that the disease is an infective one and that it was transmitted (by contagion) from the sick to the well members of the crew.

As before stated, the two men first infected, both of whom died "on the voyage from Java to Perin," undoubtedly brought the disease on board; and then, to show the epidemic increase of the complaint by contagion, it is to be noted that an occupant of an adjoining bunk next took the disease.

The disease now spread through the vessel's starboard forecastle from bunk to bunk, not in a rapid, but in a slow, progressive manner.

Though obviously contagious, it can be only feebly so, as shown by the order in which the cases in the present series appeared. Not only was contact necessary, but repeated and continuous proximity to the disease. To confirm this fact there is the observation, repeatedly made by careful observers in tropical climes, that when a person in whom symptoms of beriberi have commenced to manifest themselves leaves promptly the endemic region the disease does not develop fully, while it runs a favorable and relatively shorter course. To engender the disease in its typical and protracted form, repeated or prolonged exposure to the specific poison is demanded. In this single regard the complaint is analogous to malaria.

**Symptoms.**—Two days prior to the date of Dr. Boenning's first visit to the Lanark (on November 7) two men, too ill to work, had been sent, by the direction of Dr. Rudderow, physician to the British Consulate, to the Medico-Chirurgical Hospital, where I had the opportunity to study them; and I propose to present here their clinical histories rather than discuss the symptomatology of the disease in general.

**Case I.**—M. A., aged 33, with a very dark skin, "being an Egyptian," was admitted into the male medical wards of the Medico-Chirurgical Hospital at 2 P. M., November 7, 1893. He was profoundly prostrated, and seemed to have pain in the abdomen. His extremities were cool to the feel, legs and belly-walls markedly edematous, while the peritoneal sac contained a rather copious effusion; respirations somewhat increased in frequency, accompanied by marked dyspnea. The temperature, at time of admission and entire stay, was normal and subnormal; pulse, 120, feeble and compressible; mind clear. The following morning (November 8) patient was able to walk about the ward without noticeable ataxic gait. Soon, however, he be-took himself to bed, and in the afternoon of the same day were observed, for the first time, cardias arrhythmia and excessive feebleness of the pulse. We first saw this patient about 6 P. M., on the evening of November 8, when the history detailed above was obtained from Dr. Kinne, the resident physician. The general skin surface was now decidedly cool; the marked anasarca, ascites, and the dyspnea, symptoms before mentioned, were also noted. Temperature subnormal (97.2 degrees); pulse 100; very feeble, irregular and compressible. The mind was apparently clear, though he was unable to converse in any language with which we were familiar; the eyes, though unusually bright and clear, looked somewhat sunken; countenance slightly anxious, otherwise facies quite good.

**Physical Examination.**—The spleen was moderately enlarged, the liver only slightly; marked ascites was readily demonstrated by the usual signs. Inspection of the chest revealed the costal type of respiration, though there were noticed slight synchronous movements of the upper abdominal region; hence the diaphragm was thought to be intact. Percussion of the lungs gave negative

results. Dr. Kinne had heard, prior to my visit, a few moist, stationary rales over bases of lungs, posteriorly, and these were still present.

The Heart.—On inspection a very feeble, wavy, apical impulse, extending downward and to the left, near to the anterior axillary line, was noted. Palpation confirmed the results of inspection and also showed marked arrhythmia. The area of cardiac dullness was increased laterally, much less vertically. A well marked, soft murmur, systolic in rhythm, was heard over the apex-beat and transmitted to the left as far as the posterior axillary line. A systolic murmur was audible over the xiphoid and transmitted to the right and upward for several inches. At the first visit we diagnosed cardiac dilatation, with its accompanying dropsy, and presumably caused by mitral insufficiency due to chronic valvular disease. The evidences of hypertrophic dilatation, however, were wanting. Immediately upon learning that the patient had belonged to a ship's crew, some of whose men were at the time suffering from beriberi, the true nature of the case became clear.

The man died at 10 P. M., quite suddenly. No blood examination was made, owing to his speedy departure from this life; an autopsy was not attainable. The immediate cause of death was probably cardiac paralysis from implication of the cardiac nerves, or it may have been caused wholly or in part by paralysis of the respiratory muscles. The duration of his illness, as nearly as could be determined, was two or three weeks.

Case 2. Male, aged 30; born in Alexandria; fireman on board steamer Lankark. He could not speak English intelligently. Patient had complained of pain in the abdomen for some days prior to date of admission into the hospital; had had occasional vomiting, and at intervals diarrhea; he had as many as 15 to 20 stools daily. The gastro-intestinal symptoms were the most conspicuous features in the early stage. When admitted he had some fever, temperature 102 degrees F., the pulse rapid—120 per minute. As the result of absolute rest in bed, suitable diet and mild astringents for a few days the gastro-intestinal disturbance subsided and, with it, the febrile movement also.

(To be continued next number.)

## CINCINNATI OBSTETRICAL SOCIETY, MAY 10, 1894.

Dr. R. W. Stewart read a paper on "A Study of Still Births," by analysis of cases occurring in the Cincinnati Hospital.

### DISCUSSION OF DR. STEWART'S PAPER.

Dr. Palmer: "This, of course, is a very interesting paper, and it is worth consideration. I have never known exactly how many cases of delivery we have had in the Cincinnati Hospital in a series of years, but I have always thought we had about 225 to 250 cases a year. We see all sorts of cases there. Almost all cases, it is our impression, are illegitimate pregnancies, and the majority of them are primiparae. Among the many causes of fetal death after the beginning of the seventh month, paternal, maternal and fetal, the fetal causes are the diseases of the fetus, false presentations and positions, manual and instrumental deliveries. I am under the impression that the most common causes are two in number—syphilis and fatty degeneration of the placenta. I am pretty well convinced that the most common cause of death of the fetus after the time of viability is syphilis. I will have nothing more to say in reference to that matter, beyond the fact that some of those remedies supposed to be quite useful in fatty degeneration are also useful in syphilitic affections. Chlorate of potassa is, I think, useful, although it is not the best by any means for syphilis. I believe fatty degeneration is a common cause of infantile mortality during the late months of pregnancy. I think the chlorate of potash has considerable influence in preventing the death of children from a fatty degeneration of the placenta. I have several times given mention to one of the most notable cases which I have ever observed. Some seven or eight years ago a negro woman came to the dispensary of the Medical College of Ohio and stated that she was well, her husband was well, and she was pregnant, she thought, and she was very anxious for a living child. She had ten or eleven children born dead, delivered at the seventh, seven and a half, eighth, eight and a half months, and in every instance the child was dead. I inquired in reference to the husband, and she gave me no reason to believe he was syphilitized. I examined her thoroughly, but could find no evidence of syphilis. I could find no reason for these still born children, unless it was fatty degeneration of the placenta. I put her on the chlorate of potash from that time on, which I think was the beginning of viability. She went to term, and came back afterward and told me she had a living child. Dr. McKee was present at the dispensary at the time the case was under observation. I have had other cases, but none so well pro-

nounced. I believe chlorate of potash is a tonic and antiseptic remedy, but its principal action is that of a powerful agent to control fatty degeneration of the placenta. This kind of structural change is always present to a limited extent in the placenta prior to its expulsion. Then it is purely physiological, and it is only co-existent to the similar change commencing in the uterine walls prior to parturition. When excessive or premature, it is morbid. The chlorate of potassa, in its use in cases of this kind, as first suggested to us by Sir James T. Simpson, ought always to be given to pregnant women in the last three months, if they previously have been delivered of still-born children, not due to some well-defined cause.

Dr. Johnstone:—Mr. President I came to the field of gynecology from surgery, rather than from obstetrics, but there is one point I have gotten to-night that I expect to use in the future, and that is the real mortality of child-birth, in regard to the fetus—five per cent. It seems more dangerous for a child to be born than to have an ovariotomy. It is safer for the mother to have a tumor taken out than for the child to travel through from the uterus.

There is one question I would like for the essayist to answer, and that is how often they run across fibroid placentae. About two years ago I had a case of sterility, and after a thorough drainage of the uterus she became pregnant, but the second month she had a furious hemorrhage and thought she had miscarried, but the pregnancy went on. Later, however, the miscarriage came. The physician could not get the placenta away, and I was called, and it was one of the hardest jobs I ever had to get the placenta away. She was a powerful woman and would not take an anesthetic. It was very difficult to get into the fundus of the uterus, and it was then like boring through the thigh to get the placenta away. I reasoned in this way, that the first hemorrhage came on before it was formed, and a great deal of the clot had been retained and was organized into fibroid tissue. I would like to know if this is an unique case, or if there are other cases similar to it.

Dr. Taylor:—Mr. President. The essayist should be commended for his industry, and possibly, something will grow out of it. Syphilis is recognized by all authorities as a great cause of fetal death. The essayist has made one very important practical suggestion, that when syphilis is suspected during pregnancy, the mother should be treated. I had a case that was very impressive in relation to that a number of years ago, in which both the mother and father were syphilitic. I treated them for syphilis. The mother was pregnant three times. The first time the child was born at probably 7 or 8 months, dead and macerated. In the course of a year she bore a child fully developed, but when about three days old it died of capillary hemorrhage all over. It was

a case of infantile hemorrhage, such as we once in a while meet with, and the neighbors said it had measles. It died in a very short time, blood being discharged from the nostrils and the mouth, the mucous membranes under the skin, and every part that was visible. From that time the woman was kept under anti-syphilitic treatment, and in the course of time she bore a child, which has lived, being now some 12 or 15 years old; but, it showed it had not escaped the affliction of the parents, for a few years ago it had syphilitic keratitis. I think this is a very important suggestion, which has been made by the essayist. It is a question that has never yet been settled upon which he touched, as to the saving of infantile life by the use of the forceps. I most fully indorse what he says as to terminating the labor when it is continued two or three hours without decided progress. I will go even further than that. It should be terminated if it goes two or three hours after rupture of the membranes. I should resort to the forceps earlier than he, in that I think if the cervix is fully dilated, so that the head can pass through, and the membranes have been ruptured for two hours, then there is good indications to resort to the forceps in the interest of the mother. I am indebted to him for the paper, and am glad he has commenced this work.

In reply to the question of Dr. Johnstone, his case is not altogether unique, for there are reported occasional cases in which there is an adhesion of the placenta to the uterine surface. A great many cases are reported which are simply retention of the placenta by uterine fibre, or contraction of the os, but there are cases in which there are just the conditions he has described. It is a question as to whether there is such a condition as inflammation of the placenta. If we admit that, it is probably correct that they are the result of it. I think at the present time we are not at all certain as to the existence of inflammation of the placenta. I saw a case some time ago, in connection with Dr. \_\_\_, in which there was an attachment of the placenta some 5 or 6 hours after delivery. The woman was fully anesthetized, and then it was with very great difficulty it could be taken away. She never recovered, and after several months died. There was probably some condition of the pelvis associated with the case. I had a case in my care in the last two or three months, in which the child was delivered at noon with the forceps, and the placenta was not born and could not be expelled by the ordinary methods, and the physician was not disposed to introduce his hand, and I saw the case at 11 o'clock at night. The woman had lost a good deal of blood, and I found the placenta adherent to a rather small segment in the upper part of the uterus. With some difficulty I detached it, and the woman made a perfect recovery.

(To be continued next number.)

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PHILADELPHIA, JULY 14, 1894.

### THE BROMIDE OF GOLD AND ARSENIC (ARSENAURO) IN ECZEMA.

A case of eczema has recently come to our notice in which the Barclay formula of bromide of gold and arsenic has given most excellent results, a cure being established, at least to all appearances at the present writing, in a remarkably short space of time.

The case was that of a young lady, unmarried, 20 years of age, who had suffered from a chronic form of eczema since she was 10 years old. She had consulted various eminent specialists and had been dosed habitually on arsenic and various ointments with varying degrees of success, so far as palliation went, but without any permanent relief, the case getting better and worse from time to time.

The form of the disease was of the vesicular variety and particularly obstinate in its course to treatment.

About two months ago she was placed on the bromide of gold and arsenic in

five-drop dose three times a day, which was gradually increased to 10-drop doses three times a day. On this remedy she was kept for four weeks, the disease in the meantime totally disappearing. The remedy has been continued in smaller doses in view of the fact that the disease had been so chronic and obstinate in this case, but no return of it has appeared up to the present time and the patient states that she has not felt so well for years.

This is but one case, but it represents a class of cases, which, we are informed, are equally benefited by this method of treatment.

There are many imitations of the Barclay formula of bromide of gold and arsenic in the market, which contain various other ingredients or in which the metallic combination is not in the right proportion to obtain any results. The Barclay formula is only put up by Messrs. E. M. Johnson & Co., of New York.

### THE CIRCULATION AS A FACTOR IN FRACTURES.

To any one who has given the subject more than the most superficial attention the absence of concise and specific directions in regard to circulation and fractures in the average text book on surgery is only too apparent.

Perhaps this is because some may essay to write on fractures, without sufficient experience or the care of sufficient number to enable them to do more than, in a parrot-like manner, repeat what they may find in the works of others. But even in the works of the most eminent there is often a singular silence on this vital element of fracture therapy.

The assumption seems to be, that if one can only fix and hold the fragments in apposition by some sort of mechanical appliance the practitioner has performed his part. But what a fallacy!

There is almost no type of fracture of the extremities which cannot be perfectly approximated and held; but, then, where is the limb in a day or two?

Nay! Various severe simple fractures will tolerate no description of pressure. The application of any description of a splint or bandage is attended with great

pain and may be speedily followed by gangrene or sloughs in not a few cases.

The circulation should be one of the first concerns of the practitioner in all serious fracture cases.

Care should be exercised in every case not to apply any sort of rigid appliance to a limb immediately after such limb is broken.

Perhaps, at the time of injury, the main arterial trunk was seriously damaged, and should gangrene follow the splints and roller are sure to be blamed, and a lawsuit may follow to the damage of the doctor's reputation.

The subject of hemorrhage is a large one in compound fracture. The too protracted employment of splints and bandage, with the impairment of nutritive processes, is often no doubt responsible for delayed or even non-union.

#### SYMPHYSIOTOMY: AN OBJECTION ON MECHANICAL GROUNDS.

Dimante has performed symphysiotomy on the cadaver, and finds that, when the pubic bones are pressed apart, the sacrum rotates on its transverse axis, so that its promontory swings backwards and its apex forwards. Hence the antero-posterior diameter of the pelvis diminishes more and more from above downwards to the outlet.

—*Reptoire Univ. d'Obstet. et de Gynec., May 25, 1894.*

#### CARBOLIC ACID IN FULL STRENGTH IN SURGERY.

Dr. O. H. Allis recommends the method originated by Dr. Gardner, of Bloomsburgh, which consists in the application of pure carbolic acid to extensive wound surfaces. For example, after amputation of the female breast and ligature of the bleeding vessels, carbolic acid crystals dissolved in sufficient water for solution are applied with a sponge to parts of the wound surface, which at once turns white. The wound is then washed with sterilized water and approximated, a provision being made for drainage of a considerable discharge which takes place. The advantages claimed by Dr. Gardner for this treatment are that it prevents systemic absorption, lessens shock, and acts as a local anaesthetic and haemostatic. Dr. Gardner also resorts to it in all opera-

tions outside the pleural and abdominal cavities, such as amputations and resections. Dr. Allis has employed it with success in a case of threatened gangrene of flaps after amputation.

—*Gaillard's Medical Journal.*

#### FOUR CHILDREN AT ONE BIRTH.

Two boys and two girls, all healthy and well developed, is the record of a proud and happy mother in Tennessee.

—*New York Medical Record.*

#### TAPPING THE LATERAL VENTRICLES.

Frank discusses this question and comes to the following conclusions: (1) For distension of the ventricles from acute, simple, or tuberculous meningitis this operation is clearly indicated, and promises recovery; (2) for ventricular hemorrhage it makes recovery possible; (3) for abscess, involving the ventricles, it is immediately and imperatively demanded; (4) for effusion into the ventricles it may relieve symptoms; (5) for chronic hydrocephalus, moderate distension of the ventricles, without enlargement of the head, it may afford relief. Otherwise it will lead to a fatal result.

—*Annals of Surgery, April, 1894.*

#### BOOKS AND PAMPHLETS RECEIVED.

**THE URIC ACID DIATHESIS AND ITS TREATMENT.** By John F. Barbour, M. A., M. D., Neurologist to the Louisville City Hospital. Reprint from the "American Therapist," June, 1894.

**AMPUTATION OF THE ENTIRE UPPER EXTREMITY (INCLUDING THE SCAPULA AND CLAVICLE), AND OF THE ARM AT THE SHOULDER-JOINT. With Especial Reference to Methods of Controlling Hemorrhage. With a Report of One Case of the Former Amputation and Four of the Latter.** By W. W. Keen, M. D., Philadelphia, Pa. From the "American Journal of the Medical Sciences," June, 1894.

**NUOVO METODO DI CURA DELLA TUBERCOLOSI POLMONARE.** Per il Dottore Giovanni Michele. Estratta dal "Giornale Medico del R. Esercito e della R. Marina." 1894.

**NATIONAL CONTROL OF LEPROSY.** By Walter Wyman, M. D., Washington, D. C. Reprint from the "Medical News," June 16, 1894.

**NON NOCERE,** by A. Jacobi, M. D., New York. Reprinted from the "Medical Record," May 19, 1894.

**TENO-SUTURE AND TENDON ELONGATION AND SHORTENING BY OPEN INCISION; ADVANTAGES AND DISADVANTAGES OF THE VARIOUS METHODS.** By H. Augustus Wilson, M. D., Philadelphia, Pa. Reprinted from "International Clinics," Vol. I., Fourth Series.

## Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

### PROPHYLAXIS IN FEMALE GONORRHEA.

By Gaston Richard D'Aulnay. Tuterus of St. Lazare.

The author in contributing to this important side of gonorrhœa begins by saying that the malady is more insidious and more commonly prevalent in the female. Although discharges are very common from the vagina, the microscope will generally determine their exact character.

We should endeavor to detect gonorrhœa early in women; for when we do, with an appropriate remedy, we may confine it to the urethral mucous membrane, in which, as a rule, it first appears.

Thus we will prevent its spread up the vagina, into the cervix, the uterine cavity, or the Fallopian tubes. Moreover, by these antiseptic measures we will diminish her chances of infecting the healthy male.

He truly adds that it is only recently that gonorrhœa has been regarded as a pimordial cause of those pelvic inflammations which spread through and produce suppurative formations in the pelvis. Secondary and consecutive infections, he declares, may be wholly suppressed if the primary is early and radically treated.

He advises these "femmes de pave," who make a profession of cohabitation, to employ a tampon of deomatal laid snugly against the cervix to prevent infection of the deeper parts by the male organ.

Sexual hygiene to be effective requires close attention to cleanliness. The female should take two or three injections in the vagina, and observe every precaution that the secretions do not become foul. And after such irrigation, special care is required to diligently wash out the folds and creases in the vulva and vestibule. When all is complete and aseptic, it is a good practice to empty the bladder and thus dislodge any germs that may linger in the urethra.

The young prostitute is more danger-

ous than the older; for the reason that she is ignorant of prophylaxis and has coitus with from 4 to 6 or 7 men the same night.

Her portal for admission of the male organ is firmer, more resistent, and thus much more liable to produce abrasions of the dermal investment of the penis, and in this way open new avenues for infection. Many of them confess to an average of 60 connections in one month.

The frequence of contagion with women varies with circumstances and conditions, physiological, physical and pathological—the conformation of the organs, menstrual period, the general health, etc.

The young and the clandestine are more dangerous than the professional.

In the veteran, the act is little more than mechanical, the sexual organism is wanting and hence there is a diminution of infected vaginal secretions.

The professionals are known to the sanitary authorities, are regularly examined, and are isolated when infected. But, with the larger and more dangerous class, this is not possible.

Concise prophylactic measures are necessary to protect the public. Until this can be effectively carried out by all municipal authorities, the extent of gonorrhœal infection must be great, and its effects on those who become infected very serious.

—Archives de Tolcologie et de Gynecologie, Mai, 1894.

### BACTERIOLOGY IN PERIUTERINE SUPPURATIONS.

M. Hartman and M. Morax recently communicated to the French Academy the results of some of their experiments in the service of M. Ferrier.

To begin with, they failed to find micro-organisms in many cases of catarrhal hydrosalpinx; notably was this the case in two with very large tubes, hematocoele and high systemic fever.

In two cases of suppuration in the cellular elements of the broad ligaments the pure streptococcus was cultivated.

In all, 33 cases of pus collections were examined and analyzed. Thirteen times the pus was sterile. Thirteen times it contained the gonococcus; twelve times in a pure state, and once in association with the bacterium coli. In this case the abscess was on the point of opening into the rectum. Four times the pus contained streptococci; once pure, in the other three with the bacterium coli. Twice there were collections of pneumo-cocci. Once, a collection of the bacterium coli only.

In those cases wanting in pyogenic microbes the tubercular bacillus was found; as a rule, with gonorrhreal discharges.

The gonococci were commonly found in cases of acute pyosalpinx.

A previous pregnancy seemed to exert an influence in favoring blenorragic salpingitis.

The type of pyosalpinx which most commonly yielded the streptococcus was such as followed traumatism, as abortions, lacerations, etc.

An effort was made to determine if there was any relation between the high temperature and the various germs present in the pus; but, in this respect, they were disappointed, for there was evidently none, either in the suppurating or non-suppurating.

In two cases of pelvic abscess the temperature fluctuated from the beginning from 39 degrees (C) to normal, before operation. Here the pneumococci were found.

In two cases of gonococci it fluctuated from 38, 39 to normal; while in another case of gonococci, mixed with the bacterium coli, the temperature remained at 38, exactly the same as another, which was perfectly sterile. In all these cases, as a rule, the temperature was normal when patient entered the hospital.

On the contrary, it was often observed that the temperature varied from 38.5 to 38.4 with those who had non-suppurative pyosalpinx. In encysted hematosalpinx there was often noted a wide range in the temperature.

Their results, then, from the point of view of the relation between the temperature and the specific microbe were precisely the same as Schanta's at the late Congress of German Gynecologists.

—Gazette de Gynecologie, May 15, 1894.

#### ETHER AS AN ANESTHETIC OF CHOICE AND ITS BEST MODE OF ADMINISTRATION.

By Dr. V. Chalot, Toulouse,

The author begins his interesting essay by confessing that for years chloroform was the preferred anesthetic in Continental Europe. But now that the proper administration of ether was being better understood than formerly, and since steady mortality from chloroform has become so great that the former is now being very largely adopted.

He says that ether should altogether supplant chloroform in all but rare cases.

He would prefer chloroform with young children, or those suffering from pulmonary diseases.

He had used ether 730 times. During the same period he employed chloroform 51 times.

All his ether cases survived, but one died on the table under chloroform, from cardiac-syncope.

He cites Juillard, Dumont, Bruns, Leopold, Stetzner and Tedenat, who record similar experiences.

He expresses a most enthusiastic hope that in the very near future all the surgeons of France may reject chloroform.

What is the greatest danger of ether properly administered? he inquires.

He answers that there are none.

He says ether gives us warning and time; but chloroform kills almost at once. He strenuously denies that though more came out of ether safely, yet the mortality of the operation is greater after it than chloroform. He, with equal vehemence, rebuts the charge that ether will provoke either pneumonia or nephritis in the healthy individual, and says it is only imaginary.

He cites Nicolaysen, Lassen and Ask, who have each reported several cases of cardiac paralysis from three to four days after operations.

He refutes the charge that ether is dangerous because of its inflammable qualities in the presence of artificial light when ordinary precautions are taken.

The author sets forth with the most commendable minuteness and lucidity the technique of ether administration.

He would not advocate the forcing of the drug in the initial stages, though he regards it safe later.

The conclusions of the author on this important subject are most explicit and pertinent, and, without doubt, will do much to clear away many hazy points on this subject, and make ether anesthesia more popular than it ever has been before this time in Europe.

—Revue de Chirurgie, Mai, 1894.

## Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

### THE ACTION OF ASPARAGUS ON THE KIDNEYS.

The discrepancy of opinion that exists with regard to the diuretic action of asparagus is due, I think, to the fact that increased frequency of micturition has been mistaken for increased diuresis. My own observations, personal as well as on patients, has been to show that after eating an experimental quantity of asparagus, especially that with much white stalk, the tendency was to increased micturition, sometimes with uncomfortable feelings of irritation in the perineal region; the amount of urine diminished about one-third, with sometimes a darkish tinge, and the highly characteristic odor. With the green variety these conditions were not so markedly noticed, and the characteristic odor only faint. From which I gather that the peculiar principle of asparagus probably resides in the stalk. Professor Neneki has isolated this body as a yellow crystalline substance, which when heated, gives the characteristic odor of methyl mercaptan. It would, therefore, be easy to determine the action of this body by an experimental test. It is also important to determine whether it resides only in the white portion, or in both the green and white equally, or only in small quantities in the green. If, as I believe, the latter to be the case, there would be no reason to forbid it to most invalids, but the decided inhibiting effects I have seen follow the ingestion of asparagus with a large amount of soft white stalk would certainly to my mind forbid its dietetic use to patients with granular and contracted kidneys.

—Charles H. Ralphe, in the Lancet, June 30, '94.

### "TRIKRESOL FOR INHALATION."

The following appeared in the "Lancet," June 9, 1894.

To the Editors of the "Lancet." Sirs: The interesting observations of Professor Charteris on Trikresol, communicated through the "Lancet," must have attracted the attention of many of its readers; and the important fact that trikresol is free from the poisonous qualities of carbolic acid must have suggest-

ed its great superiority in medical and surgical practice. Through the kindness of Professor Charteris, I have been favored by Messrs. Zimmermann with a specimen of Schering's Trikresol, in order to ascertain whether it could be used for inhalation, as the poisonous properties of carbolic acid have for that purpose made it somewhat objectionable. My object was to determine whether trikresol, when mixed with water in definite proportion, would, like carbolic acid when treated similarly, yield a vapor on boiling, of definite and constant strength, a peculiarity which attaches, as I pointed out some years ago, to carbolic acid, and which makes it superior to all other antiseptics for inhalation. I find that Trikresol follows the same law, as might have been expected, as carbolic acid, and that a mixture of one drachm of Trikresol to one pint of water gives off when boiled continuously a vapor of the same strength as the mixture. This is rather strong for children, and a weaker solution may be used. To what important uses this property of Trikresol can be applied in the treatment of many maladies by inhalation I hardly need point out.

I am, sirs, yours most truly,  
ROBERT LEE.

West Kensington, May 31, 1894.

### ARGENTAMINE.

### THE TREATMENT OF GONORHOEA WITH SILVER SALTS.

BY DR. SCHAEFFER.

Since the discovery of gonococci the therapy of gonorrhoea has entered into a new era, and since it has been discovered that urethritis blennorhoica is produced by a specific micro-organism, it no longer suffices to attempt to reduce the purulent secretion from the mucous membrane of the urinary tract, and relieve the subjective symptoms, but therapeutical efforts must be directed to the destruction of gonococci as the true cause of the disease.

The treatment of gonorrhoea with astringents has therefore been abandoned in favor of injections of antiseptic solutions, and amongst these silver

salts have undoubtedly proved the most effectual and furnished the subject of the lecture delivered by Dr. Schaeffer before the Medical section of the Silesian Society.

In the first place it is necessary to determine the exact locality of the infectious process, and to treat urethritis gonorrhoeica posterior at once antiparasitically.

In the second place a microscopical control must always be maintained, in order to know at all times what has been done and what is still to do, and whether the gonorrhoeic process or only a simple catarrhal inflammation has to be dealt with. Upon the decision of this question depends further therapeutic treatment.

In spite of the numerous advantages of silver nitrate, it possesses, however, one drawback that cannot be overlooked. Numerous investigations of late years have shown that gonococci penetrate into the tissues in a comparatively short time. It has not yet been definitely determined how deep they penetrate, or whether under ordinary conditions they reach the connective tissues and there multiply, but at any rate all authors agree that they are able to quickly penetrate into the deeper layers of the epidermis. From this it is evident that in the treatment of gonorrhœa a remedy must be employed that can follow and kill the mischief maker in the deeper tissues. This is only incompletely effected by the aid of silver nitrate, as its action is comparatively superficial. With the sodium chloride and with the albuminoids of the tissue liquids it forms insoluble compounds. Such precipitates for instance are formed when silver nitrate solutions are injected into the urethra, are deposited on the surface, and bar the way for the rest of the solution into the underlying tissues. An antiseptic is therefore required, which on the one hand possesses the high antibacterial qualities of silver nitrate, but at the same time possesses little tendency to form insoluble compounds with chlorides and albumen.

With this object in view, experiments were conducted that led to the preparation of an ethylenediamine silver phosphate solution, commonly known as Argentamine, which was found to produce no precipitate, but only a slight turbidity in albuminous and chloride solutions.

If a liquid containing sodium chloride and albumen, as hydrocele or blood serum, be mixed with a silver nitrate solution a white precipitate is formed consisting of silver chloride and albuminate, which is completely dissolved by addition of one-half per cent. solution of ethylenediamine.

Further, it is of special interest and importance that leucocytes, red blood corpuscles, and even coagulated blood are dissolved by ethylenediamine in certain concentrations. From these facts it therefore appeared probable that ethylenediamine possesses the ability to penetrate deep into the organic tissues, and mixed with a silver salt to increase its action.

Pieces of liver, in the form of dice, from a fresh killed rabbit, were introduced into silver nitrate and Argentamine solutions of equal strength for a definite time, then washed with water and cut with a microtome. The sections were treated with dilute ammonium sulphide, and a dark brown zone formed; in the preparation treated with silver nitrate the zone was narrow and sharply defined; in the Argentamine preparation it was broader, and gradually diffused into the lighter liver tissue. It is clear that wherever the silver salt had penetrated, the treatment with ammonium sulphide would cause a deposit of black sulphide of silver, and that therefore the brown zone forms a certain vindication of the penetrations of the respective solutions.

From this experiment it is therefore indisputable that Argentamine penetrates much deeper into organic tissues than a silver nitrate solution containing an equivalent amount of silver, under like conditions and in the same time.

As for the dead tissue, so with the living tissue. A similar difference in penetrability was observed in a paraurethral injection of an 8 per cent. solution fifteen minutes before excision. The preparations, when treated in the same manner with ammonium sulphide, showed by the black precipitate of sulphide of silver a considerable degree of penetration in spite of the brief exposure to its action.

In every case Argentamine excelled silver nitrate, and frequently equalled, and sometimes surpassed, the activity of a corrosive sublimate solution of equal percentage.

The Therapist.

## Miscellany.

### A HALF SOVEREIGN IN THE LEFT BRONCHUS.

A curious case of death from the lodgment of a coin in the lower air passages has been lately reported from Carlisle Jail. It appears that a convict had been sentenced in that town for stealing a purse which contained a half-sovereign. He swallowed the coin in question, which found its way to the bottom of the left lung, and caused fatal hemorrhage. This interesting item of criminal jurisprudence is by no means unique. Several cases are on record in which coins swallowed by thieves have become lodged in the larynx or one of the bronchi. In a lecture some years ago Mr. Bernard Pitts related a case of the kind in which a peddler swallowed a small sham ornament, which, so far as we remember, was ultimately removed after a prolonged sojourn in the air passages.

—Med. Press, June 21, '94.

### DENTAL CARIES AND CERVICAL ABSCESS IN CHILDREN.

At a meeting of the Odontological Society on Monday evening last, Mr. Edmund Owen opened a discussion on the treatment of carious milk molars. He gave it as his opinion that the conservative treatment was being carried too far; that many such teeth were stopped which ought to be extracted. He said that it was worse than useless to prepare and stop a temporary molar whilst septic micro-organisms were left lurking about the fang, for in due course these germs found their way into the cervical lymphatic glands, and produced suppuration. He held that if a tooth were far advanced in caries it was practically impossible to render it aseptic, as children could not submit to the necessary manipulation and restraint. He strongly condemned the method of treatment of "capping" a carious tooth and leaving the elements of disease uninterfered with. A brisk discussion ensued, and, though it was evident that Mr. Owen's views did not receive universal assent, it is not unlikely that good will result from the ventilation of the subject.

—Med. Press, June 12, '94.

### THE USE OF ERYSIPelas TOXINES IN THE TREATMENT OF MALIGNANT DISEASE.

The July number of the American Journal of the Medical Sciences give the following conclusions:

1. The curative action of erysipelas upon malignant tumors is an established fact.
2. This action is much more powerful in sarcoma than in carcinoma.
3. This action is chiefly due to the toxines of the erysipelas *sterptococcus*, which may be isolated and used with safety.
4. This action is greatly increased by the addition of the toxines of *Bacillus prodigiosus*.
5. The toxines, to be of value, should come from virulent cultures and should be freshly prepared.
6. The result obtained from the use of toxines without danger are so nearly quite equal to those obtained from an attack of erysipelas that inoculation should rarely be resorted to.

### AMERICAN PUBLIC HEALTH ASSOCIATION.

The twenty-second annual meeting of the American Public Health Association will be held at Montreal, Canada, September 25-28, 1894.

The regular sessions will be in Association Hall, Y. M. C. A. Building, Dominion square, opposite the Hotel Windsor. The following topics have been selected for consideration at this meeting:

- I. The pollution of water supplies.
- II. The disposal of garbage and refuse.
- III. Animal diseases and animal food.
- IV. The nomenclature of diseases and forms of statistics.
- V. Protective inoculations in infectious diseases.
- VI. National health legislation.
- VII. The cause of prevention of diphtheria.
- VIII. Causes and prevention of infant mortality.
- IX. The restriction and prevention of tuberculosis.
- X. Car sanitation.
- XI. The prevention of the spread of yellow fever.

The Executive Committee announces the following additional subjects upon which papers are invited:

XII. On the education of the young in the principals of hygiene.

XIII. Private destruction of household garbage and refuse.

XIV. Disinfection of dwellings after infectious diseases.

XV. Inspection of school children with reference to the eyesight.

**AMERICAN ACADEMY OF MEDICINE.  
19TH ANNUAL MEETING—PRELIMINARY NOTICE.**

The 19th annual meeting of the American Academy of Medicine will be held at the "Waumbek," Jefferson, N. H., on Wednesday and Thursday, August 29 and 30, 1894. The greater part of the time is to be devoted to the discussion of certain problems relating to the medico-social relations of the medical profession to the "Dependent Classes." The following papers may be expected: "The Retrogressives; What Produces Them; Classification," Bayard Holmes, Chicago, Ill.; "Importance of the Study of the Subject to the Profession," Charles McIntire, Easton, Pa.; "The Provident Dispensary in England," H. Webster Jones, London, England; Title to be announced, J. A. Spalding, Portland, Me.; "Assistance and Care for the Blind," Charles A. Oliver, Philadelphia; "Prevention of Blindness," Benjamin Lee, Philadelphia; "Present Status of Legislation for the Prevention of Blindness from Infantile Ophthalmia," Lucien Howe, Buffalo; "Senile Dementia and Testamentary Capacity," J. N. Whitaker, Cincinnati; Title to be announced, Gershom H. Hill, Independence, Ia.; "What Agencies Conspire to Check Development in the Minds of Children?" J. Madison Taylor, Philadelphia; "The Medical Service of the U. S. Pension Bureau," P. S. Conner, Cincinnati; "Physical Training for Delinquents," Helen C. Putnam, Providence, R. I.; "Government Commission instead of State License," J. D. Kelly, New Haven, Conn.; "The Relation of Food Adulterations to the Dependent Classes," Henry Leffmann, Philadelphia; Title to be announced, G. M. Gould, Philadelphia, President's Address; Title to be announced, F. H. Gerrish, Portland, Me.

Several additional papers have been provisionally promised; if they can be read they will appear in the completed programme.

Arrangements have been made for a special excursion from New York and Boston and return at reduced rates. A choice is offered of an eleven days' excursion, including most of the expenses, or of returning immediately at the close of the meeting, and is open to anyone desirous of attending the meeting, whether members of the academy or not. Any additional information about the meeting or the excursion may be obtained from

CHARLES M'INTIRE, Secretary,  
Easton, Pa.

**Notes by the  
Wayside.**

BY ERNEST B. SANGREE, A. M., M. D.,  
PHILADELPHIA.

After women have received the vote and wear divided skirts, and are thoroughly emancipated in every other direction, I trust that the attention of the world will be turned to the emancipation of the children. The way the majority of these helpless beings are dosed and drugged by well meaning, but ignorant mothers, is simply shocking. Early and painful personal recollections of my feelings as I was held in position by two or three stalwart adults whilst another poured down my lustily yelling throat castor oil, or nauseous mixtures of calomel and rhubarb, inspire me with deep sympathy for those who, by reason of their tender years, are now in a similar fix. For the children's sake, I would that all the mothers had the fad possessed by one of my acquaintance. She has unswerving faith in the efficacy of the electropoise, and when any of her numerous progeny is out of sorts, this maternal physician merely fastens one end of the little toy around the sufferer's leg, puts the other end in ice, and calmly goes about her household duties in the firm belief of a speedy cure.

The disposition to seize every opportunity to dose the children was beautifully illustrated by an experience of my own a few days since. I was hastily called to see a youngster of 3 years, who had fallen out of the window, about four feet to the brick pavement below, landing on his head. When I reached the scene, the mother, with pardonable pride in her presence of mind and domestic resources, exclaimed: "Oh, doctor, I knew that something ought to be done at once, so I gave him two tea-spoonfuls of castor-oil!"

An amusing mistake lately occurred in one of the Philadelphia dailies, due to a reporter's feeling a little too sure of his medical terms. He referred with considerable facetiousness to the use of a "cow-bang" for the removal of a silver half-dollar from a darky's gullet. Evidently the reporter's dictionary studies have not yet reached so far as the word probang.